

NOTICE OF PRODUCER APPOINTMENT
(Multiple Producers)Appointment Fee:
\$30.00 (per Producer)Mail to: Alabama Department of Insurance
P. O. Box 830704
Birmingham, Alabama 35283-0704

Indicate Amount Enclosed: _____

Company NAIC# _____

Company Name _____
_____**Lines of Insurance:**

L – Life	IF – Industrial Fire
H – Accident & Health	CR – Credit
V – Variable (Life & Annuity)	RV – Rental Vehicle
P – Property	LS – Legal Services
C – Casualty	DS – Dental Services
PL – Personal Lines	MC – Motor Club
A – Automobile	BB – Bail Bond

The above-named insurer hereby provides notice that the individuals identified below have been appointed to represent said insurer for the lines of authority indicated below. We have investigated the character and background of these individuals and are satisfied the individuals are trustworthy and qualified to act as our producers, and we endorse the individuals as being of good business standing and character. We are familiar with the federal law (18 USC § 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance. We understand it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance.

Our investigation consisted of the following

(Mark ☒ as applicable.

DO NOT LEAVE BLANK.)

- | | |
|---|--|
| <input type="checkbox"/> Personal Interview | <input type="checkbox"/> Background Investigation
(by insurer) |
| <input type="checkbox"/> Employment
Application | <input type="checkbox"/> Background Investigation
(by outside firm) |
| <input type="checkbox"/> Consumer Credit
Report | |
| <input type="checkbox"/> Other (Please describe) _____
_____ | |

- A company may appoint as many as 10 different producers on this form.
- Please give the social security number, name and license number for each producer the company is appointing.
- Also indicate line(s) of insurance for which the company is appointing by the letter(s) associated with that line.
- Please complete and return form to the address above within 15 days of producer(s) employment with sponsoring company.

SOCIAL SECURITY #	NAME – LAST, JR/SR, FIRST, MIDDLE	ALABAMA PRODUCER LIC #	LINE(S)

Original Signature of
Authorized Company Official_____/_____/_____
Date_____
Type or print name of authorized company official_____
Address(_____)_____
Phone_____
City/State/Zip(_____)_____
FAX